

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1426

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 386

1. PLACE OF DEATH:

(a) County. JACKSON
(b) City or town. KANSAS CITY
(c) Name of hospital or institution. MENORAH
(d) Length of stay: In hospital or institution. 6 HRS.
In this community. 15 years

3. (a) PRINT FULL NAME. BENJAMIN FINKELE

3. (b) If veteran, name war. NO 3. (c) Social Security No. NONE

4. Sex. MALE 5. Color or race. WH 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife. ROSE 6. (c) Age of husband or wife if alive. 46 years

7. Birth date of deceased. APRIL 6, 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 20 If less than one day hr. min.

9. Birthplace. BOSTON, MASSACHUSETTS
(City, town, or county) (State or foreign country)

10. Usual occupation. SALESMAN.

11. Industry or business. AUTOMOBILE.

12. Name. MAX FINKELE

13. Birthplace. MASS. 1
(City, town, or county) (State or foreign country)

14. Maiden name. DOTT KIDMAN

15. Birthplace. MASS. 1
(City, town, or county) (State or foreign country)

16. (a) Informant. MRS ROSE FINKELE

(b) Address. 1533 East 49th Terr

17. (a) BURIAL (b) Date thereof. 1-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. MT CARMEL

18. (a) Signature of funeral director. V. P. LOUIS

(b) Address. 3400 WOODLAND

19. (a) Jan 27 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. JACKSON
(c) City or town. KANSAS CITY
(d) Street No. 1533 East 49th Terr
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 25
10 PM, 1941.

that I last saw him alive on Jan 26 3:15 AM, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage

Due to Cerebral hemorrhage

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

None

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) for Means of injury

23. Signature L. M. H. (M. D. or other)

Address 724 Maple Pl Date signed 1/27/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

PHYSICIAN

Underline the cause to which death should be charged statistically.

Private Burial

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed E. P. Casey
Licensed Embalmer No. 1972
P. O. Address A.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.